Revision: HCFA-PM-95-4

-PM-95-4 (HSQB)

Attachment 4.35-E

JUNE 1995

CTATE	DIAN	TINDER	TITLE	XIX	OF	THE	SOCIAL	SECURITY	ACT

State/Territory: \_\_\_\_\_ Iowa \_\_\_\_\_

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Enforcement of Compliance for Nursing Facilities

Civil Money Penalty: Describe the criteria (as required at \$1919(h)(2)(A)) for applying the remedy.

X Specified Remedy

(Will use the criteria and notice requirements specified in the regulation.)

\_\_\_ Alternative Remedy

(Describe the criteria and demonstrate that the alternative remedy is as effective in deterring non-compliance. Notice requirements are as specified in the regulations.)

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TN No. MS-96-8
Supersedes Approval Date: An I PA Effective Date: 7-1-95
TN No. MS-90-16

Revision: HCFA-PM-95-4 JUNE 1995

(HSQB)

Attachment 4.35-F

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory:	Iowa	

ELIGIBILITY CONDITIONS AND REQUIREMENTS Enforcement of Compliance for Nursing Facilities

State Monitoring: Describe the criteria (as required at \$1919(h)(2)(A)) for applying the remedy.

X Specified Remedy

(Will use the criteria and notice requirements specified in the regulation.)

\_\_\_ Alternative Remedy

(Describe the criteria and demonstrate that the alternative remedy is as effective in deterring non-compliance. Notice requirements are as specified in the regulations.)

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Supersedes Approval Date: MAR 14 1998 TN No. MS - 90 - 16

Effective Date: 7-1-95

Revision: HCFA-PM-95-4

JUNE 1995

(HSQB)

Attachment 4.35-G

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

Iowa State/Territory: \_\_\_\_\_

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Enforcement of Compliance for Nursing Facilities

Transfer of residents; Transfer of residents with closure of facility: Describe the criteria (as required at \$1919(h)(2)(A)) for applying the remedy.

X Specified Remedy

(Will use the criteria and notice requirements specified in the regulation.)

\_\_\_\_ Alternative Remedy

(Describe the criteria and demonstrate that the alternative remedy is as effective in deterring non-compliance. Notice requirements are as specified in the regulations.)

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JUNE 1995

Attachment 4.35-H

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

Iowa State/Territory: \_\_\_\_

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Enforcement of Compliance for Nursing Facilities

Additional Remedies: Describe the criteria (as required at \$1919(h)(2)(A)) for applying the additional remedy. Include the enforcement category in which the remedy will be imposed (i.e., category 1, category 2, or category 3 as described at 42 CFR 488.408).

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Approval Date: MAR 13 256 Effective Date: 7-1-95